United Nations E/CN.6/2012/NGO/35

Economic and Social Council

Distr.: General
1 December 2011

Original: English

Commission on the Status of Women
Fifty-sixth session
27 February-9 March 2012
Item 3 (a) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern, and further actions and initiatives; priority theme: "The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges"

Statement submitted by Armenian Relief Society and Women's World Banking, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2012/1.

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Statement

The Armenian Relief Society and Women's World Banking congratulate the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on its first full year of operations and embrace its vision to meet the needs of the world's women. We applaud the States Members of the United Nations for establishing an entity solely focused on gender equality and the empowerment of women. As the Executive Director of UN-Women, Michelle Bachelet, states, "Gender equality must become a lived reality", and until this is achieved, development and peace will wane. We welcome the follow-up to the Fourth World Conference on Women and to the special session of the General Assembly entitled "Women 2000: gender equality, development and peace for the twenty-first century". Further, we accept with enthusiasm the priority theme of the fifty-sixth session of the Commission on the Status of Women, "The empowerment of rural women and their role in poverty and hunger eradication, development and current challenges" and its review theme, "Financing for gender equality and the empowerment of women".

It is well known that throughout the world women are responsible for the well-being of their families and that gender roles differ dramatically across cultures, locale (urban/rural) and even in individual households. Women have different needs than men during the course of their lifetime, and these needs may be exacerbated based on demographics. Rural women especially face great challenges owing to location and mobility that affect their basic human rights, including access to food, water and sanitation. Rural populations are less educated, have less access to health care, exhibit more chronic diseases and are more likely to be excluded from financial services. Couple a rural woman's role as caregiver with that of income-generator, and the stakes rise exponentially.

The health of families and communities, including financial health, is tied to the health of women. The illness or death of a woman has serious and far-reaching consequences for the health of her children, family and community. Creating a development equation of microfinance — including microcredit, savings and insurance — with a focus on investing in health care for rural women will produce results that will positively impact all areas of a woman's life, her family and her community.

Women's health issues have gained higher international visibility and renewed political commitment in recent decades. While targeted policies and programmes have enabled women to lead healthier lives, significant gender-based health disparities remain. Many of the modest gains in women's health realized in recent decades are now threatened or have been reversed owing to war, economic instability and HIV/AIDS. Limited access to education or employment, high illiteracy rates and increasing poverty levels are making health improvements for women exceedingly difficult. Basic health care, family planning and obstetric services are essential for women — yet they remain unavailable to millions. Gender-equitable approaches to health are needed to enable women's full participation as clients and in the planning and delivery of health services.

As the custodians of familial health, women play a critical role in maintaining the health and well-being of their communities.

- Maternal conditions are the leading causes of death and disability among women. More than 99 per cent of the estimated 536,000 maternal deaths each year occur in the developing world.

- Every year, about 10 million women endure life-threatening complications during pregnancy and childbirth, sometimes leading to long-term disability. Nearly all maternal deaths are preventable through timely prenatal and post-natal care, skilled birth attendance during delivery and the availability of emergency care to deal with complications.

- Globally, women comprise half of the adults living with HIV/AIDS — in sub-Saharan Africa, the proportion rises to 61 per cent. A woman affected by HIV/AIDS is plunged further into poverty, losing the ability to provide for herself and her children.

- International funding from public and private donors and other non-governmental organizations accounts for only 15 per cent of the expenditures on reproductive health and family planning activities in developing countries. According to the Global Health Council, the majority of spending comes from within the countries themselves, with more than half coming from consumers' pockets.

Among its core programmes as a more than century-old humanitarian organization, the Armenian Relief Society heeds women's health as the foundation for empowerment, independence and development. For more than 30 years, Women's World Banking has focused on empowering women by expanding the economic assets and participation of low-income women and their households by helping them to access financial services, knowledge and markets. By providing microloans, credit, insurance and other financial products and services, Women's World Banking has allowed women to make a decent living and support their families' needs. Yet in order to better serve women, Women's World Banking acknowledges that women live and work within cultural constraints which affect their ability to access financial services.

- Mobility constraints lead to women's involvement in predominantly home-based businesses, which are in highly competitive sectors and require limited human and investment capital. Businesses are often extensions of household activities, such as sewing, buying and selling goods, running beauty parlours and catering. While these activities have low barriers to entry, they also have limited scalability. Additionally, a lack of mobility limits the customers with whom women can do business (i.e., selling to neighbours on credit rather than receiving cash) and leaves male household members to buy and sell in the marketplace, consequently, allowing them to assume greater control over the business and its profits.

- Reaching women in rural markets presents an additional set of challenges. Research by Women's World Banking in Uganda (2009) found that women in rural areas tend to be unpaid labourers on family farms, but also engage in their own small-scale income-generating activities. However, these activities are viewed as supplemental and financial institutions often reach out to rural markets only through male-dominated agricultural cooperatives that ignore women farmers. Understanding the constraints on rural women is essential to avoid exclusion.

Health indicators, such as infant mortality rates, water sanitation and diarrhoea-related deaths, and food security improve in areas with microfinance and microcredit services. Financial inclusion and health care are complementary and must be part of a comprehensive solution to poverty. In some cases, delivering services in tandem, such as health education with credit service, increases the impact of both.

Research has shown that health-care costs exert the most financial pressure on poor families. Medical emergencies can place a huge burden on households already struggling to stay afloat. Short-term solutions, such as selling productive assets, including livestock or farming equipment, only serve as a catalyst for moving further into poverty, depriving families of the tools they once had to generate revenue.

Moreover, medical problems are compounded by the fact that the poor are less likely to seek treatment early for fear of losing income by taking time away from their families or businesses. Poor men and women alike suffer from a lack of access to health care, but the need to serve women is particularly acute: much of the insurance available is gender-neutral, precluding coverage for maternity-related health care, a predicament that can cause women to delay or forgo critical hospital visits. In April 2010, Women's World Banking helped its network member Microfund for Women (Jordan) to launch a first-of-its-kind insurance product that provides a cash benefit after hospitalization to help with the costs associated with loss of business, medical expenses and transportation. Unlike the majority of insurance products available, the caregiver benefit was designed to cover all hospital visits related to pregnancy, a feature that Women's World Banking felt was critical to include in order to improve maternal health.

The Armenian Relief Society and Women's World Banking recognize the value in programmes by UN-Women, the United Nations Population Fund, the United Nations Children's Fund and the World Health Organization, among other United Nations entities, including the Commission, that work towards achieving the Millennium Development Goals for women's health and empowerment, as well as the work of the Food and Agriculture Organization of the United Nations, the International Fund for Agricultural Development and the World Food Programme specifically addressing rural women. We strongly encourage continued regard for rural women by the United Nations, especially because of their unique challenges. Programmes fostering financial independence and security, combining microfinance and microcredit with other social services, such as health care, are essential for poverty alleviation. The United Nations must continue to cultivate integrated and innovative solutions to poverty. Finally, we urge the States Members of the United Nations to examine their national and local policies on providing basic services and human rights to all citizens and to survey specifics on rural women.